

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Whade A. Jordan

Daytime Telephone: _____

FILER STATUS



New Member of or Candidate for U.S. House of Representatives
Candidates - Date of Election: Nov 2018

State: PA-15-44
District: PA-15-44

☐ Check if Amendment



New Officer or Employee
Employing Office: _____

Staff Filer Type (if Applicable):
☐ Shared ☐ Principal Assistant

Period Covered: January 1, 2018 to Jan 16, 2018

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

APR 13 2018 Page 1 of 2
LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) CL

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☐ No ☒

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

Page 1 of 2

Use additional sheets if more space is required.

Name: Jack A. Todun

Page 1 of 4

Use additional sheets if more space is required.

Name: Jade Todor Page 1 of 5

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

SCHEDULE D - LIABILITIES

Name: Wade Jordan

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member), loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT | Creditor | Date Liability Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------|--------------------------------------|-------------------------------|--|---------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|---|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | Example First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | \$10,001-\$15,000 | \$15,001-\$50,000 | \$50,001-\$100,000 | \$100,001-\$250,000 | \$250,001-\$500,000 | \$500,001-\$1,000,000 | \$1,000,001-\$5,000,000 | \$5,000,001-\$25,000,000 | \$25,000,001-\$50,000,000 | Over \$50,000,000 | Over \$1,000,000* (Spouse/DC Liability) |
| | None | N/A | N/A | | | | X | | | | | | | |
| | | | | | | | | | | | | | | |
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|----------|----------------------|
| None | N/A |
| | |
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| | |
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SCHEDULE F - AGREEMENTS

Name:

Made Jordan

Page

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
| | None | N/A |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State) | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| None | N/A |
| | |
| | |
| | |
| | |
| | |

Name:

Page:

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228894 4/13/2018

Form
1040EZ

Department of the Treasury -- Internal Revenue Service
**Income Tax Return for Single and
Joint Filers With No Dependents (99) 2017**

OMB No. 1545-0074

WADE A JODUN

Your social security number

Spouse's social security no.

▲ Make sure the SSN(s)
above are correct.

Presidential Election Campaign

Check here if you, or your spouse if
filing jointly, want \$3 to go to this
fund. Checking a box below will not
change your tax or refund.

☐ You ☐ Spouse

Income

Attach
Form(s) W-2
here.
Enclose, but
do not attach,
any payment.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.
Attach your Form(s) W-2. 1 90,064

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. 2 0

3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 3 0

4 Add lines 1, 2, and 3. This is your **adjusted gross income**. 4 90,064

5 If someone can claim you (or your spouse if a joint return) as a dependent, check the
applicable box(es) below and enter the amount from the worksheet on page 2.
☐ You ☐ Spouse

If no one can claim you (or your spouse if a joint return), enter \$10,400 if **single**;
\$20,800 if **married filing jointly**. See page 2 for explanation. 5 10,400

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your **taxable income**. 6 79,664

**Payments,
Credits,
and Tax**

7 Federal income tax withheld from Form(s) W-2 and 1099. 7 16,896

8a Earned income credit (EIC) (see instructions) 8a

b Nontaxable combat pay election. 8b

9 Add lines 7 and 8a. These are your **total payments and credits**. 9 16,896

10 Tax. Use the amount on line 6 above to find your tax in the tax table in the
instructions. Then, enter the tax from the table on this line. 10 15,658

11 Health care: individual responsibility (see instructions) Full-year coverage ☒ 11

12 Add lines 10 and 11. This is your **total tax**. 12 15,658

Refund

Have it directly
deposited! See
inst. and fill
in 13b, 13c,
and 13d, or
Form 8888.

13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your **refund**.
If Form 8888 is attached, check here ☐ 13a 1,238

b Routing number c Type: ☒ Checking ☐ Savings

d Account number

**Amount
You Owe**

14 If line 12 is larger than line 9, subtract line 9 from line 12. This is
the amount you owe. For details on how to pay, see instructions. 14 0

**Third Party
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name H AND R BLOCK Phone no. Personal identification number (PIN)

**Sign
Here**

Joint return?
See instructions.

Keep a copy
for your
records.

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based
on all information of which the preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

FISHERIES BIOLOGIS

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid
Preparer
Use Only**

Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN self-employed
Firm's name H AND R BLOCK Firm's EIN
Firm's address 18 E MAIN ST Phone no.
LOCK HAVEN PA 17745

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040EZ (2017)

WADE JODUN


Your social security number _____

Spouse's social security number _____

▲ Make sure the SSN(s)
above are correct.**Presidential Election Campaign**Check here if you, or your spouse if
filing jointly, want \$3 to go to this
fund. Checking a box below will not
change your tax or refund.☐ You ☐ Spouse**Income**

- 1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.
Attach your Form(s) W-2.

1 87,352

**Attach
Form(s) W-2
here.**Enclose, but
do not attach,
any payment.

- 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. 2 0

- 3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). 3 0

- 4 Add lines 1, 2, and 3. This is your **adjusted gross income**. 4 87,352

- 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the
applicable box(es) below and enter the amount from the worksheet on page 2.

☐ You ☐ Spouse

If no one can claim you (or your spouse if a joint return), enter \$10,350 if **single**;
\$20,700 if **married filing jointly**. See page 2 for explanation.

5 10,350

- 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.
This is your **taxable income**.

6 77,002

**Payments,
Credits,
and Tax**

- 7 Federal income tax withheld from Form(s) W-2 and 1099. 7 16,036

- 8a **Earned income credit (EIC)** (see instructions) 8a

- b Nontaxable combat pay election. 8b

- 9 Add lines 7 and 8a. These are your **total payments and credits**. 9 16,036

- 10 **Tax**. Use the amount on **line 6 above** to find your tax in the tax table in the
instructions. Then, enter the tax from the table on this line. 10 15,028

- 11 Health care: individual responsibility (see instructions) Full-year coverage ☒ 11

- 12 Add lines 10 and 11. This is your **total tax**. 12 15,028

RefundHave it directly
deposited! See
inst. and fill
in 13b, 13c,
and 13d, or
Form 8888.

- 13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your **refund**.
If Form 8888 is attached, check here ☐

13a 1,008

- b Routing number  c Type: ☒ Checking ☐ Savings

- d Account number 

**Amount
You Owe**

- 14 If line 12 is larger than line 9, subtract line 9 from line 12. This is
the **amount you owe**. For details on how to pay, see instructions.

14 0

**Third Party
Designee**

- Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes**. Complete below. ☐ **No**

Designee's
name

HRB TAX GROUP INC

Phor
no.Personal identification
number (PIN)**Sign
Here**Joint return?
See instructions.Keep a copy
for your
records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity
Protection PIN,
enter it
here (see inst.)**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

Firm's name ▶ H AND R BLOCK

Firm's EIN

Firm's address ▶ 18 E MAIN ST

Phone no.

LOCK HAVEN PA 17745

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040EZ (2016)